

TRI CITY HOSPICE INC.

13096 Borden Ave Sylmar, CA 91342
Phone: (818) 433-4524 * Fax: (818) 452-5011
[E-mail: tricityhospiceinc@gmail.com](mailto:tricityhospiceinc@gmail.com)

RECEIPT OF INFORMATION ON DRUG DISPOSAL

Drug Disposal Policy have been explained to me; I have been given the opportunity to ask any questions I have concerning the policy, any my questions have been answered to my satisfaction, I have been provided the Drug Disposal Policy.

ACKNOWLEDGEMENT:

I acknowledge and agree to the terms and conditions described in the Drug Disposal Policy.

(Return to Office)

PATIENT NAME: _____ **DATE:** _____

SIGNATURE: _____

HOSPICE REPRESENTATIVE: _____